

Kentucky TB Prevention & Control Program

Stamp Out TUBERCULOSIS



Welcome ...

To our Special Edition 2016.

- Kentucky TB Program staff



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TB Regulations: Highlights

Welcome to this special edition of the TB Program Newsletter.

In collaboration with the Kentucky (KY) TB Program, the Office of the Inspector General (OIG) filed two administrative regulations with the Legislative Research Commission:

- ◆ **902 KAR 20:200**, which updates the TB screening requirements for residents of long-term care (LTC) settings, thereby ensuring consistency with the CDC's guidelines on preventing the transmission of TB; and
- ◆ **902 KAR 20:205**, which establishes the TB screening requirements consistent with the CDC's guidelines for health care workers (HCW) in hospitals, long-term care facilities, and other health facilities regulated by the OIG.

These regulations were adopted and effective **March 4, 2016** with implementation within 180 days (**August 31, 2016**). In this issue, we have included highlights for each section of both regulations.

These featured highlights, FAQs, interactive training modules and additional resources will be soon be released for publication and posted to the OIG website at:

<http://chfs.ky.gov/os/oig/>

Thank you,

TB Regulation Update:

902 KAR 20:200 *Amendment effective March 4, 2016; compliance suspended until August 31, 2016*
Tuberculosis (TB) Testing for Residents in Long-Term Care Settings
<http://www.lrc.state.ky.us/kar/902/020/200.htm>

LTC Section Highlights ...

Section 1: Definitions

- ◆ Provides CDC definitions from the “Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005”
- ◆ **NEW DEFINITIONS:** Healthcare workers and staggered testing

Section 2: Tuberculosis Testing Requirements for Tuberculin Skin Tests (TSTs)

- ◆ All residents are required to have two step testing on admission (only required when using TSTs)
- ◆ Identifies healthcare professionals who can perform a TST
- ◆ How to measure and interpret a TST result
- ◆ Describes the measurements of induration, if the TST result is interpreted as positive, that shall be considered highly indicative of tuberculosis infection in a health care setting. New to some facilities may be that a reaction of five (5) millimeters to nine (9) millimeters of induration may be significant in certain individuals with risk factors described in Section 3(3).
- ◆ Lists classification of TST reactions and conversions
- ◆ **NEW:** No two step necessary if a Blood Assay for *Mycobacterium tuberculosis* (BAMT) is used

Section 3: TB Risk Assessment and TSTs or Blood Assay for *Mycobacterium tuberculosis* (BAMT) for Residents

- ◆ **NEW:** Identifies TB Risk Assessment and who can perform
- ◆ A TB Risk Assessment shall be done on all residents receiving a TST or BAMT
- ◆ May accept TB testing results within 3 months prior to admission if resident participated in a serial testing program
- ◆ The initial TST shall count as the second step if one step TST was negative and given within one year
- ◆ Two step testing must be performed in conjunction with the TB Risk Assessment in order to know your TST classification

Section 4: Admission of Patients under Treatment for Pulmonary Tuberculosis Disease and other Infectious Tuberculosis Diseases

- ◆ A LTC setting **shall not admit** a person under medical treatment for suspected or confirmed pulmonary tuberculosis disease or other suspected or confirmed infectious tuberculosis diseases caused by either non-MDR TB or MDR-TB **unless the person is declared noninfectious** by a licensed physician, advanced practice registered nurse, or physician assistant in conjunction with the local and state health departments

- ◆ A LTC setting **shall not admit** a person under medical treatment for suspected or confirmed extrapulmonary tuberculosis disease caused by either non-MDR TB or MDR-TB **unless the person is declared noninfectious** by a licensed physician, advanced practice registered nurse, or physician assistant in conjunction with the local and state health departments

Section 5: Medical Record or Electronic Medical Record Documentation for Residents

- ◆ **NEW:** Document TB Risk Assessment and TB testing in the resident's medical record
- ◆ **NEW:** Describes documentation requirements for TB Risk Assessment, TSTs, and BAMTs

Section 6: Medical Evaluations, Chest X-rays, and Monitoring Residents with a Positive TST, a Positive BAMT, a TST Conversion, or a BAMT Conversion

- ◆ Upon admission or annual testing, if testing is positive, complete a medical evaluation with HIV testing (**NEW**) unless the resident opts out of HIV testing and a chest x-ray
- ◆ May accept chest x-rays performed within two months as part of evaluation
- ◆ Evaluation must be performed by licensed clinician or physician
- ◆ **NEW:** Identifies guidance for offering treatment for Latent TB Infection (LTBI)
- ◆ Identifies guidance for resident with symptoms or an abnormal chest x-ray consistent with TB disease

Section 7: Monitoring of Residents with a Positive TST, a Positive BAMT, a TST Conversion, or a BAMT Conversion

- ◆ Monitor residents for development of pulmonary symptoms
- ◆ For a resident with symptoms for three weeks or longer, perform a medical evaluation and chest x-ray
- ◆ If resident has symptoms or a chest x-ray consistent with TB disease, move to an Airborne-Infection Isolation (All) room or transfer to a facility with an All room within 8 hours of notification of positive result
- ◆ Identifies guidance for treating, and annual monitoring

Section 8: Monitoring of Residents with a Negative TST or a Negative BAMT Who Are Residents for 11 Months or Longer

- ◆ **NEW:** Provide annual risk assessment and TB testing of residents
- ◆ **NEW:** Testing should be staggered throughout the year (monthly, quarterly, or semiannually)
- ◆ **NEW:** Testing shall be annually in or before the same month as the anniversary date of the resident's last TB Risk Assessment and TST or BAMT
- ◆ If resident is symptomatic, move to an All room or transfer to a facility with an All room within 8 hours of notification of positive result
- ◆ Identifies guidance for treating, and annual monitoring

Section 9: Responsibility for Screening and Monitoring Requirements: Residents

- ◆ A facility administrator or designee shall be responsible for ensuring that all TB risk assessments, TSTs, BAMT, CXR, and sputum submissions comply with regulation

- ◆ **NEW:** If the healthcare facility does not employ licensed professional staff with technical training to carry out the screening and monitoring requirements, training or professional assistance shall be arranged with the local health department (LHD) or from a licensed medical provider

Section 10: Reporting to Local Health Departments

- ◆ Identifies reporting criteria consistent with former regulation
- ◆ **NEW:** Some TB related information should be reported within one business day to LHDs

Section 11: Treatment for LTBI in Residents

- ◆ Identifies guidance for treatment of LTBI
- ◆ Provide medical evaluation including an HIV test (**NEW**) unless the health care worker (HCW) opts out of HIV testing and a chest x-ray; offer LTBI treatment
- ◆ **NEW:** If a resident refuses treatment, monitor with TB Risk Assessment every 6 months for two years

Section 12: Compliance Date

- ◆ Effective March 4, 2016
- ◆ Implemented at a facility no later than 180 days after the effective date (i.e., **August 31, 2016**)

Section 13: Supersede

- ◆ **NEW:** This amendment supersedes requirements stated elsewhere in 902 KAR Chapter 20



*KentuckyTourism.com
Kentucky State Capitol*

TB Regulation Update:

902 KAR 20:205 *New Regulation effective March 4, 2016; compliance suspended until August 31, 2016*

Tuberculosis (TB) Testing for Health Care Workers

<http://www.lrc.ky.gov/kar/902/020/205.htm>

HCW Section Highlights ...

Section 1: Definitions

- ◆ Includes CDC definitions from the “Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005”
- ◆ **NEW DEFINITIONS:** Healthcare workers and staggered testing

Section 2: TB Infection Control Program

- ◆ **NEW:** Each facility shall have a written TB infection control plan that is part of an overall infection control program
- ◆ **NEW:** Plan shall include Administrative Controls, Environmental Controls, and Respiratory Protection
- ◆ **NEW:** Plan shall include a standardized method (e.g., listing of the job series of HCWs) to describe which HCWs shall be included in a facility TB testing program
- ◆ **NEW:** Identifies criteria for job series included in plan

Section 3: Tuberculosis Testing Requirements for Tuberculin Skin Tests (TSTs)

- ◆ Two-step testing upon initial employment (only required when using TSTs)
- ◆ Identifies healthcare professionals who can perform a TST
- ◆ Describes the measurements of induration, if the TST result is interpreted as positive, that shall be considered highly indicative of tuberculosis infection in a health care setting. New to some facilities may be that a reaction of five (5) millimeters to nine (9) millimeters of induration may be significant in certain individuals with risk factors described in Section 4(3).
- ◆ Lists classification of TST reactions and conversions
- ◆ **NEW:** No two step necessary if a Blood Assay for *Mycobacterium tuberculosis* (BAMT) is used

Section 4: TB Risk Assessment and TSTs or Blood Assay for *Mycobacterium tuberculosis* (BAMT) for Health Care Workers on Initial Employment

- ◆ **NEW:** Identifies TB Risk Assessment and who can perform
- ◆ A TB Risk Assessment shall be done on all HCWs receiving a TST or BAMT
- ◆ May accept TB testing results within 3 months prior to initial employment if HCW participated in a serial testing program in another facility
- ◆ The initial TST shall count as the second step if one-step TST was negative and given within one year

Section 5: Annual TB Risk Assessments and Annual Tuberculin Skin Tests or BAMT for Health Care Workers

- ◆ **NEW:** Provide annual risk assessment
- ◆ **NEW:** Provide annual TB testing via TST or BAMT
- ◆ **NEW:** Testing shall be staggered throughout the year (monthly, quarterly, or semiannually)
- ◆ **NEW:** Testing shall be annually in or before the same month as the anniversary date of the HCW's last TB Risk Assessment and TST or BAMT
- ◆ **NEW:** Requires annual TB Risk Assessment for HCWs with previous TST interpreted as positive, or a previously positive BAMT

Section 6: Medical Record or Electronic Medical Record Documentation for Health Care Workers

- ◆ **NEW:** Document TB Risk Assessment and TB testing in the HCW's medical record
- ◆ **NEW:** Describes documentation requirements for TB Risk Assessment, TSTs, and BAMTs

Section 7: Medical Evaluations, Chest X-rays, and Monitoring of Health Care Workers with a Positive TST, a Positive BAMT, a TST Conversion, or a BAMT Conversion

- ◆ At initial employment testing or annual testing, if testing is positive, provide a medical evaluation, including HIV testing (**NEW**) unless the HCW opts out of HIV testing and a chest x-ray
- ◆ Medical evaluation must be provided by a licensed medical provider
- ◆ **NEW:** Identifies guidance for offering treatment for Latent TB Infection (LTBI), and annual monitoring for HCWs with documented LTBI
- ◆ **NEW:** Refusal for treatment requires monitoring every six months for two years with a Risk Assessment

Section 8: Medical Evaluations, Chest X-rays, Laboratory Tests, Treatment, and Monitoring of HCWs with Suspected TB Disease or Active TB Disease

- ◆ **NEW:** HCW shall be excluded from work, isolated, and evaluated for active disease
- ◆ **NEW:** HCW remains off work until cleared as being noninfectious by a licensed medical provider in conjunction with the local and state health department

Section 9: Responsibility for Screening and Monitoring Requirements: Health Care Workers

- ◆ A facility administrator or designee shall be responsible for ensuring that all TB risk assessments, TSTs, BAMT, CXR, and sputum submissions comply with regulation
- ◆ **NEW:** If the healthcare facility does not employ licensed professional staff with technical training to carry out the screening and monitoring requirements, training or professional assistance shall be arranged with the local health department (LHD) or from a licensed medical provider

Section 10: Reporting to Local Health Departments

- ◆ Identifies reporting criteria consistent with former regulations
- ◆ **NEW:** Some TB related information should be reported within one business day to LHDs

Section 11: Treatment for LTBI

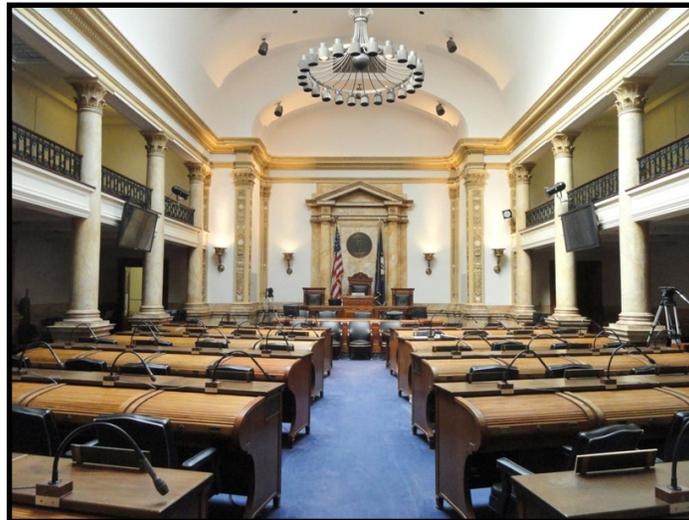
- ◆ Identifies guidance for treatment of LTBI
- ◆ Provide medical evaluation including an HIV test (**NEW**) unless the HCW opts out of HIV testing and a chest x-ray; offer LTBI treatment
- ◆ **NEW:** If a HCW refuses treatment, monitor with a TB Risk Assessment every 6 months for two years

Section 12: Compliance Date

- ◆ Effective March 4, 2016
- ◆ Implemented at a facility no later than 180 days after the effective date (i.e., **August 31, 2016**)

Section 13: Supersede

- ◆ **NEW:** This amendment supersedes requirements stated elsewhere in 902 KAR Chapter 20



Commons.Wikimedia.org
Senate Chamber, Kentucky State Capitol

TB Regulations: Local Health Department Role

The Role of the Local Health Department in the Implementation of New Regulations 902 KAR 20:200 and 20:205

The implementation of the new regulations will not directly impact nor alter the role of the local health department (LHD) since LHD services are not regulated by the Office of Inspector General (OIG). However, LHDs should continue to build and strengthen community partnerships by providing additional resources that will enable healthcare facilities to adequately meet the requirements of the new regulations. An example of partnership would be for the LHD to provide, through contractual agreement, training, education, and management of TB-related occupational health services on behalf of a local healthcare facility.

For instance, 902 KAR 20:205 for HCW states in section 9:

*“If the healthcare facility does not employ licensed professional staff with technical training to carry out the screening and monitoring requirements, **training or professional assistance shall be arranged with the LHD or from a licensed medical provider.**”* Section 11 further indicates that *“employees diagnosed with LTBI shall be offered management and treatment in collaboration with the LHD.”*

It is the expectation that healthcare facilities will be responsible for developing an occupational health program that will include TB testing for HCWs. They may choose to internally manage and treat LTBI in identified HCWs, thus absorbing all costs for those occupational health services.

However, a healthcare facility **may choose to collaborate** with the LHD for management and treatment of LTBI or other TB-related occupational health services. In this instance, a written agreement should be initiated between the two agencies to clearly identify the roles of each organization and define a payment schedule for any TB-related services provided by the LHD.



COMING SOON

TB Regulations Toolkit

The KY TB Program will soon be releasing an informational toolkit to assist healthcare agencies with training and education on the new regulations. All KY healthcare agencies will receive the toolkit via email distribution, and it will be made readily available via the KY TB Program and Office of Inspector General websites. Announcements regarding release dates are forthcoming.

Featured in the toolkit:

- ◆ Links to Web-based interactive training modules
- ◆ KY TB Program fact sheets highlighting summaries of both regulations
- ◆ CDC Fact Sheets for TSTs and BAMTs
- ◆ Sample Risk Assessments
- ◆ Frequently Asked Questions

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Source for masthead and other images used in this edition:

- ◆ CDC Public Health Image Library (PHIL) at <http://phil.cdc.gov/phil/quicksearch.asp>
- ◆ International Union Against TB and Lung Disease at <http://www.theunion.org/what-we-do/publications>
- ◆ Google images at <https://images.google.com/>

What's
NEW!

902 KAR 20-200
Long-Term Care
902 KAR 20-205
Health Care Workers



Contact Us:

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